		Complete if Known			
Substitute for Form 1449 A & B/PTO		<u></u>	Not Assigned		
Substitute of Forth 1447 R & MT 10		Application Number	<u> </u>		
INFORMATION DISCL	OSURE	Confirmation Number	Not Assigned		
STATEMENT BY APPI		Filing Date	January 12, 2004		
STATEMENT BY AFFI	ACAIVI		Dominique Annie		
		First Named Inventor	MONGARDIEN		
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		Examiner Name	Not Assigned		
Sheet 1	of 1	Attorney Docket Number	Q78896		

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		Document Number				
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		Country Code ³	Number ⁴	Kind Code ⁵ (if known)	MM-DD-YYYY	Applicant of Cited Document	Translation ⁶	
OFW-		WO	02/07274	A2	01-24-2002	Tycom Inc.	Yes	
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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation ⁶		
			 		

						
Examiner Signature	Mark	Hellner	Date Considered	8/2	0/2005	!

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